CORRECTED QUIT CLAIM DEED

APN: __ **009-330-21**

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO

Name: Mike Kincade

Address: 4720 Loch Lomond Drive

City/State/Zip: Carmichael, CA 95608

EUREKA COUNTY, NV

2017-234112

This is a no fee document NO FEE

11/16/2017 01:45 PM

EUREKA COUNTY TREASURER

Pgs=2



LISA HOEHNE, RECORDER

F03

THIS INDENTURE WITNESS That the GRANTOR(S): <u>EUREKA COUNTY</u>

TREASURER, TRUSTEE, (European American Resources, Inc.) for and in consideration of
EIGHT HUNDRED SEVENTY SEVEN DOLLARS AND FIFTY-THREE CENTS Dollars
(\$877.53) do hereby QUIT CLAIM the right, title and interest, if any, which GRANTOR(S) may have in all that real property, the receipt of which is hereby acknowledged, to the GRANTEE(S):

Mike Kincade whose address is (if applicable): <u>4720 Loch Lomond Drive</u>, situate in the Town of Carmichael, State of California.

All that certain property in the County of Eureka, State of Nevada bounded and described as follows:

Eureka Mining District	<u> Mineral Survey No.</u>	Patent No.
½ Interest in Adelpi Claim	80	6261
Sea King	240	5793

Together with all and singular hereditament and appurtenances thereunto belonging or in any way appertaining to. In Witness Whereof, I/We have hereunto set my hand/our hands on **November 16**, **2017**.

Signature of Grantor

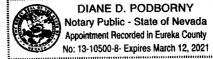
STATE OF NEVADA

COUNTY OF EUREKA

This instrument was acknowledged before me on (date) November 16, 2017

By (person(s) appearing before notary public) Beverly Conley.

Notary Public



STATE OF NEVADA DECLARATION OF VALUE

2. Type of Property: a) Vacant Land Vaca	1. Assessors Parcel Number(s) a) 009-330-21 b) c)	
a) Vacant Land b) Single Fam. Res. Condof Twinse d) 2-4 Piex DOCUMENT/INSTRUMENT #; BOOK PAGE DATE OF RECORDING: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES: NOTES	/ 	\ \
Deed in Lieu of Foreclosure Only (value of property) Transfer Tax Value: Real Property Transfer Tax Due: 4. If Exemption Claimed: a. Transfer Tax Exemption per NRS 375.090, Section # b. Explain Reason for Exemption: 5. Partial Interest: Percentage being transferred: The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and car be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: BEVERLY CONLEY, Address: PO BOX 677 City: EUREKA Capacity Capacity	a)	Res. DOCUMENT/INSTRUMENT #:BOOKPAGE DATE OF RECORDING:
a. Transfer Tax Exemption per NRS 375.090, Section # b. Explain Reason for Exemption: 5. Partial Interest: Percentage being transferred: 7. The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and car be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature Capacity Capacity Capacity Capacity Capacity Print Name: BEVERLY CONLEY, Address: PO BOX 677 Address: PO BOX 677 Address: 4720 LOCH LOMOND DRIVE City: EUREKA City: CARMICHAEL State: NV Zip: 89316 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	Deed in Lieu of Foreclosure Only (value o Transfer Tax Value:	\$ 2142.86
The undersigned declares and acknowledges, under penalty of perjury, pursuant to NRS 375.060 and NRS 375.110, that the information provided is correct to the best of their information and belief, and car be supported by documentation if called upon to substantiate the information provided herein. Furthermore, the parties agree that disallowance of any claimed exemption, or other determination of additional tax due, may result in a penalty of 10% of the tax due plus interest at 1% per month. Pursuant to NRS 375.030, the Buyer and Seller shall be jointly and severally liable for any additional amount owed. Signature Capacity EUREKA COUNTY TREASURER Signature Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: BEVERLY CONLEY, Print Name: MIKE KINCADE Address: 4720 LOCH LOMOND DRIVE City: CARMICHAEL State: NV Zip: 89316 State: CA Zip: 95608 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	a. Transfer Tax Exemption per NRS	375.090, Section #
amount owed. Signature Capacity EUREKA COUNTY TREASURER Signature Capacity SELLER (GRANTOR) INFORMATION (REQUIRED) Print Name: BEVERLY CONLEY, Address: PO BOX 677 City: EUREKA City: EUREKA State: NV Zip: 89316 COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip: Sta	The undersigned declares and acknowledg NRS 375.110, that the information provide be supported by documentation if called up Furthermore, the parties agree that disallow additional tax due, may result in a penalty	es, under penalty of perjury, pursuant to NRS 375.060 and ed is correct to the best of their information and belief, and car pon to substantiate the information provided herein. wance of any claimed exemption, or other determination of of 10% of the tax due plus interest at 1% per month.
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COMPANY/PERSON REQUESTING RECORDING (required if not the seller or buyer) Print Name: Address: City: State: Zip:		
(required if not the seller or buyer) Print Name: Escrow # Address: City: State: Zip:	State: <u>NV</u> Zip: <u>89316</u>	State: CA Zip: 95608
Address: City: State: Zip:	(required if not the seller or buyer)	
Address: City: State: Zip:	Print Name:	Escrow #
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